Exhibit 4



Universal Service Administrative Company

Schools & Libraries Division

FORM 500 NOTIFICATION LETTER (Funding Year 2002: 07/01/2002 - 06/30/2003)

September 19, 2005

Michigan Ed. Sch. Ser., Inc. dba Learning Consultants, Inc. Michael Pacioni 17601 James Couzenz Detroit, MI (48235

Re: Service Provider Name: Michigan Ed. Sch. Ser., Inc. dba Learning Consultants, Inc. Service Provider Identification Number: 143023091

This letter is to notify you that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company has received and accepted FCC Form(s) 500 (Adjustment to Funding Commitment and Modification to Receipt of Service Confirmation Form) from Billed Entities who filed FCC Form(s) 471 listing your company's Service Provider Identification Number (SPIN). This Form 500 information will affect information previously reported to you.

As described in the "Funding Commitment Synopsis Explanation" below, this letter confirms several important pieces of information from each Form 500. Each Funding Commitment Synopsis relates to a particular Funding Request Number (FRN) and will set forth the modifications requested by the applicant for that FRN. (An FRN is the number assigned to each Block 5 of the applicant's Form 471 once an application has been processed.) Changes may include:

- change of the previously reported Service Start Date; change of the previously reported Contract Expiration Date; cancellation of an FRN;
- reduction of an FRN.

NOTICE ON SERVICE START DATE

There may be some situations where the New Service Start Date as reflected on this letter has been changed from what the applicant indicated on the Form 500. Such changes are made by the SiD to be sure that the service start date is in compliance with program rules. You will know that a change has been made if there is an asterisk (*) next to the New Service Start Date. It is important that you and the 471 applicant both recognize that the SID should be invoiced and the SID may direct disbursement of the discounts only on eligible, approved services actually delivered and installed after the Service Start Date indicated on this letter.

Any appeal of the change in Service Start Date detailed in a Form 500 Notification Letter must be received within 60 days of the date on the Form 500 Notification Letter. (Information on the appeal process can be found in "Appeals Procedure" posted in the Reference Area of the SLD web site, www.sl.universalservice.org) Therefore, prompt

communication with your customer is essential.

NOTICE ON INVOICING

INVOICING DEADLINES: After a Form 486 has been properly filed, the SID must receive an invoice from either the applicant or the service provider in order to make payments for approved discounts on eligible services. Form 472, Billed Entity Applicant Reimbursement (BEAR) Form, is filed by the applicant; Form 474, Service Provider Invoice Form, is filed by the service provider. Invoices must be postmarked no later than 120 calendar days after the last date to receive service or 120 calendar days after the date of the Form 486 Notification Letter, whichever is later. If an invoice is postmarked after the later of those two dates, payment will be denied.

Please note that the SLD encourages service providers to work with their customers to establish whether discounts will appear on bills or whether customers prefer a reimbursement process. The SLD will process either reimbursements based on Form 472 (BEAR) or discounts based on Form 474 (SPIF) for a given FRN. Once established, however, the selected process - SPIFs or BEARs - must be used consistently for the entire Funding Year.

NOTE: The SLD will base the billing mode (reimbursement or discounting) on the first invoice type that it processes for payment. It is therefore imperative for the service provider and the customer to establish together the preferred invoicing mode.

EXPLANATION OF INFORMATION PROVIDED IN THE FORM 500 NOTIFICATION LETTER

On the following pages is a list of FRNs under which you are providing service and for which the applicant has notified us that it is making a modification. To help you understand this list, the following definitions are provided. Most of these are identical to the definitions that were included in the Funding Commitment Decision Letters (FCDL) earlier sent to you.

Funding Request Number (FRN): A Funding Request Number is assigned by the SLD to each Block 5 on the applicant's form 471 once an application has been processed. This number is used to report to applicants and service providers the status of of individual discount requests submitted on a Form 471.

Form 471 Application Number: A unique identifier assigned to a Form 471 application by the SLD.

Name of 471 Billed Entity Applicant: The name of entity that applied to the SLD, from Item 1 of the Form 471.

Entity Number: A unique identifier assigned by the SLD for the Billed Entity applicant.

Name of Form 500 Contact Person: The name of the contact person from Block 1 of the Form 500.

Form 500 Contact Person Information: Mailing address from Block 1, Item 5 of the Form 500, telephone number, fax number, and e-mail address.

Funding Year: The funding year for which discounts have been approved. Funding years begin on July 1 and end on the following June 30. Funding years are designated by the calendar year in which they begin.

Billing Account Number: The account number that you have established with your customer for billing purposes. This will be present only if a Billing Account Number was provided on Form 471.

Service Start Date Change (SHOWN ONLY IF REQUESTED): The New Service Start Date as indicated on the Form 500. If this date is marked with an asterisk, it was changed by SLD from what the applicant indicated on the Form 500 to be in compliance with program rules and an explanation for the change has been provided. This date as shown is controlling and USAC will not reimburse discounts on services delivered prior to this date

Service Start Date Change Explanation (SHOWN ONLY IF RELEVANT): If the Service Start Date is marked with an asterisk, this field will appear to explain why SLD changed the date. One of the following explanations may appear:

AVSCD: The Service Start Date may not be before the Allowable Vendor Selection/Contract Date (AVSCD) from the Form 470 cited for this FRN on the Form 471. If the applicant indicated an earlier SSD on the Form 500, SLD changed the SSD to the AVSCD.

486 DEADLINE: Applicants can not use the Form 500 to change the Service Start Date from an adjusted Service Start Date on the Form 486. If the applicant indicated an earlier SSD on the Form 500, SLD changed the SSD to what was reflected on the Form 486 Notification letter sent to both the applicant and the service provider.

Contract Expiration Date Change (SHOWN ONLY IF REQUESTED): The Original Contract Expiration Date as shown on the Form 471 and the New Contract Expiration Date. A contract extension does not result in more money being committed to the FRN; the funding remains at the level provided in the Funding Commitment Decision Letter, but an extension may provide more time for the provision of service.

Cancel FRN (SHOWN ONLY IF REQUESTED): The Original Commitment Amount as shown in the Funding Commitment Decision Letter (FCDL) and a New Commitment Amount of \$0.00. Canceling an FRN is an irrevocable action.

Reduce FRN (SHOWN ONLY IF REQUESTED): The Original Commitment Amount as shown in the Funding Commitment Decision Letter (FCDL) and the New Commitment Amount After Reduction. The New Commitment Amount will become the new cap for the FRN. Reducing an FRN is an irrevocable action.

FORM 500 NOTIFICATION LETTER FUNDING COMMITMENT SYNOPSIS (Funding Year 2002)

Service Provider Name: Michigan Ed. Sch. Ser., Inc. dba Learning Consultants, Inc. Service Provider Identification Number: 143023091

Funding Request Number: 866098

Form 471 Application Number: 324052
Name of 471 Applicant: HIGHLAND PARK COMMUNITY JR HIGH SCH
Entity Number: 54862
Name of Form 500 Contact Person: SMERDIS L. HUGHES, JR.
Form 500 Contact Person Information: 20 BARTLETT, HIGHLAND PARK, MI 48203, 313-957-3000,

313-868-0315, HUGHESS@HIPARK.K12.MI.US
Funding Year 2002: 07/01/2002 - 06/30/2003
Billing Account Number: 3138523002
Contract Expiration Date Change: 06/30/2003; 12/31/2005

Funding Request Number: 866693

Form 471 Application Number: 324177

Name of 471 Applicant: HIGHLAND PARK COMMUNITY HIGH SCHOOL

Entity Number: 54861

Name of Form 500 Contact Person: SMERDIS L. HUGHES, JR.

Form 500 Contact Person Information: 15900 WOODWARD AVE, HIGHLAND PARK, MI 48203-2948,

313-957-3000, 313-868-0315, HUGHESS@HIPARK.K12.MI.US

Funding Year 2002: 07/01/2002 - 06/30/2003

Billing Account Number: 313-852-3001

Contract Expiration Date Change: 06/30/2003; 12/31/2005



Universal Service Administrative Company

Schools & Libraries Division

FORM 500 NOTIFICATION LETTER (Funding Year 2002: 07/01/2002 - 06/30/2003)

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Entity Number: 54862
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Form 500 Contact Person Information: 20 BARTLETT, HIGHLAND PARK, MI 48203, 313-957-3000,
313-868-0315, HUGHESS@HIPARK.K12.MI.US
Funding Year 2002: 07/01/2002 - 06/30/2003
Billing Account Number: 3138523002
Contract Expiration Date Change: 06/30/2003; 12/31/2005

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313-957-3000, 313-868-0315, HUGHESS@HIPARK.K12.MI.US
Funding Year 2002: 07/01/2002 - 06/30/2003
Billing Account Number: 313-852-3001
Contract Expiration Date Change: 06/30/2003; 12/31/2005

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Schools and Libraries Division Correspondence Unit 100 South Jefferson Road P.O. Box 902 Whippany, New Jersey 07981

TIME SENSITIVE MATERIAL

00001 Michigan Ed. Sch. Ser., Inc. dba Learning Consultants, Michael Pacioni 17601 James Couzenz Detroit, MI 48235

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FCC Form

Do Not Write In This Area

REVISED 9/12/05 Approval by OMH

3060-0853

Universal Service for Schools and Libraries

Adjustment to Funding Commitment and Modification to Receipt of Service Confirmation Form

Please read instructions before completing.

Estimated Average Burden Hours Per Response: 1.5 hours (To be completed by Schools and Libraries or Consortia.)

Form 500 Number (unique identifying number assigned by applicant)

Block 1: Applicant Information					
1. Name of Billed Entity Applicant (required) HIGHLAND PARK JR. HIGH			2. Billed Entity Number (required) 54862	3. Funding Year (required) 2002	
 Complete Mailing Address of Billed Enti Street Address, P. O. Box or Route Number 15900 WOODWARD AVENUE 	ty Applicant (required) City HIGHLAND PARK		tate Zip	Code	
10-Digit Phone Number 313/957-3000 X1029	Fax Telephone Number 313/868-0315		E-Mail Address HUGHESS@HIPARK.K12.MI.US		
5. Contact Person Information Contact Person Name (required) SMERDIS L. HUGHES, JR.					
Mailing Address (required if different from I Street Address, P. O. Box or Route Number 20 BARTLETT AVENUE	tem 4) City HIGHLAND PARK	State MI	Zip Coc 48203		
10-Digit Phone Number 313/957-3000 X1029	Fax Telephone Number 313/868-0315	E-Mail Address HUGHESS@HIPARK.K12.MI.US			

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

NOTICE: The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the form will be used to inform the Schools and Libraries Division of the Universal Service Administrative Company that a billed entity, and/or the schools and libraries that it represents, wishes to reduce its funding commitment amount on the funding request number level, or has modified the beginning or ending date for services received during the funding year.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding.

If you do not provide the information requested on the form, your application may be returned without action or your application may be delayed.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

Billed Entity Applicant's 500 Number	(to	be assigned b	y I	Fund	Administrator
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Universal Service for Schools and Libraries

Adjustment to Funding Commitment and Modification to Receipt of Service Confirmation Form

Please read instructions before completing.

Estimated Average Burden Hours Per Response: 1.5 hours (To be completed by Schools and Libraries or Consortia.)

Form 500 Number (unique identifying number assigned by applicant)

Block 1: Applicant Information							
1. Name of Billed Entity Applicant (required) HIGHLAND PARK SCHOOLS		(re			3. Funding Year (required)		
	to A soul!				5486		2002
 Complete Mailing Address of Billed Enti Street Address, P. O. Box or Route Number 	ту Арріі	City)	S	tate	Zip Co	ode
20 BARTLETT	HIGHLAND PARK			MI	4820	3	
10-Digit Phone Number	Fax Te	lephone Numb	er	E-Mail Address			
313/ 957-3000 X1029	313/	868-0315		HUGHESS@HIPARK.K12.MI.US			.MI.US
5. Contact Person Information							
Contact Person Name (required) SMERDIS L. HUGHES, JR.							
Mailing Address (required if different from	Item 4)						
Street Address, P. O. Box or Route Number		City		State		Zip Code	
10-Digit Phone Number	Fax *	Telephone Nu	mber		E-Mail	Address	
313/ 957-3000 X1029	313/	868-031	5	HUGHESS@HIPARK.K12.MI.US			K12.MI.US

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Fitle 18 of the United States Code, 18 U.S.C. Sec. 1001.

NOTICE: The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the form will be used to inform the Schools and Libraries Division of the Universal Service Administrative Company that a billed entity, and/or the schools and libraries that it represents, wishes to reduce its funding commitment amount on the funding request number level, or has modified the beginning or ending date for services received during the funding year.

An agency may not conduct or sponsor, and a passon is not required to respond to, a collection of information unless it displays a currently suited OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC, or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding.

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Billed Entity Applicant's 500 Number (to be assigned by Fund Administrator)

Billed Entity Name HIGHLAND P.	ARK JR. HIGH Contact Name	SMERDIS L. HUCHES, JR.
Billed Entity Number 54862	Contact Telepho	ne Number 313/ 957-3000 x1029
		ng Request (FRN) affected. If you 3, 2C, etc. and write the number in the
[FRN] for which you want to take Remember: The FRNs listed on New Start Date: If you wis Form 486 in this fundii Contract Expiration Date: more funding but you of Cancel: If you wish to can FRN can NOT be reins Service fund for possib Reduce: If you wish to red irrevocable and the FRN the Universal Service for	this form must be for the same Fundi h to change the Funding Year Service Sing year. This action will NOT result in a If you wish to change the ending date of the could combine it with a reduction in function in Funding Request Number. Please tated later. This action would allow more the commitment to other applicants, use the amount of your funding committed to a NOT be increased later. This action of the possible commitment to other applicants and for possible commitment to other applicant to other a	tart Date you listed on a previously filed more funding, for services. This action will not result in ding. note: This action is irrevocable and the ney to be put back into the Universal ment for a particular FRN. This action is on would allow money to be put back into
To launch the submission of invoices f		
	FICATION OF THE FRN TO BE	ADJUSTED
(A) Form 471 Application Number		
(B) Funding Request Number (requ (C) Billing Account Number (requ	ired, if contained in your FCDL):	
(D) Service Provider Name (requir		SERVICES. INC.
(E) Service Provider SPIN (require		DERVICED, INC.
	JUSTMENT TO FRN LISTED AI	
(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
Change Date		
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
X Change Date	9-30-05	12-31-05
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:
Please Cancel		\$0.00
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
Please Reduce		

Da Nor Write I	n Thy Area
Billed Entity Name HIGHLAND PARK JR. H.S. Billed Entity Number 54862	Contact Name SMERDIS L. HUGHES, JR. Contact Telephone Number 313/ 957-3000
Block 3: Certification 7. I certify that I am authorized to submit this Form on behalf of the request, and that, to the best of my knowledge, information, and 8. I understand that the discount level used for shared services is a disadvantaged schools and libraries that are treated as sharing it services. 9. I recognize that I may be audited pursuant to this application and fill in this form.	d belief, all statements of fact contained herein are true, conditional, for future years, upon ensuring that the most in the services receive an appropriate share of benefits from those
10. Signature (original ink signature required)	11. Date (required) 8/15/05
12. Printed name of authorized person (required) SMERDIS L. HUGHES, JR.	
13. Title or position of authorized person (required)	
ASST. SUPERINTENDENT. FISCAL INTEGRITY 14. Telephone number of authorized person (required) 313/ 957-3000 X1029	
 E-Mail address of authorized person (required, if available) HUGHESS@HIPARK_K12_MI_US 	
16. Address of authorized person (required) 20. BARTLETT HIGHLAND PARK	C. MT 48203

SLD-Form 500 P. O. Box 7026 Lawrence, Kansas 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form should be mailed to:

SLD-Form 500 c/o Ms. Smith 3833 Greenway Drive Lawrence, Kansas 66046 888-203-8100

Page 3 of 3

FCC Form 500 - April 2000

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Do Not Write In This Area

Approval by OMB 3060-0853

Universal Service for Schools and Libraries

Adjustment to Funding Commitment and Modification to Receipt of Service Confirmation Form

Please read instructions before completing.

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Form 500 Number (unique identifying number assigned by applicant)

Name of Billed Entity Applicant (required)	HIGHLAND PARK COMMUNITY JR. HIGH SCHOOL	2. Billed F (require 54862		3. Funding Year (required) 2002	
4. Complete Mailing Address of Billed Ent	ity Applicant (required)				
Street Address, P. O. Box or Route Number		State	Zip Co	ode	
20 Bartlett	lett Highland Park		4820	48203	
10-Digit Phone Number	Fax Telephone Number	E-Mail Addr			
313/957-3000 x1029	313/868-0315	hughess@hipark			
5. Contact Person Information					
Contact Person Name (required) Smerdis	L Hughes, Jr.				
Mailing Address (required if different from	Item 4)				
Street Address, P. O. Box or Route Number		State	Zip Code		
10-Digit Phone Number	Fax Telephone Number	E-Mail	Address		
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Billed	Entity	Applicant's	s 500 Numbe	r (to	be assigned	by	Fund	Administrator	١.
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Billed Entity Name Highland Park	the statement and a make to make the same and the	Contact Name	Smerdis L Hughes, Jr.			
COMMUNITY J	R. HIGH SCHOOL	_ Contact / turne				
Billed Entity Number 54862		Contact Telephon	ne Number 313/ 957-3000 x1029			
Block 2: Services Adjustment: F	Fill in one Block 2	for EACH Fundir	ng Request (FRN) affected. If you			
			, 2C, etc. and write the number in the			
space provided here: Page 2		, p-E				
New Start Date: If you wis Form 486 in this fundi Contract Expiration Date: more funding but you of Cancel: If you wish to car FRN can NOT be reins Service fund for possib Reduce: If you wish to red irrevocable and the FRI the Universal Service for	one of the following this form must be to the change the Funding year. This action If you wish to chan could combine it with the following Requestated later. This actille commitment to other the amount of you had not possible commitment for more and for possible commitment for more and for possible commitment.	for the same Funding ding Year Service State will NOT result in mage the ending date for the a reduction in funders Number. Please mon would allow monther applicants. Four funding commitment to other applicants actions in the section of the secti	ng Year as listed in Item 3, Block 1. art Date you listed on a previously filed more funding. It services. This action will not result in ing. note: This action is irrevocable and the ey to be put back into the Universal ment for a particular FRN. This action is in would allow money to be put back into			
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To launch the submission of invoices f		HE FRN TO BE A	DIUSTED			
(A) Form 471 Application Number	The second section will be a second section of the section of the second section of the section of	A STATE OF THE PARTY OF THE PAR	DJCSTED			
(B) Funding Request Number (request Number (re						
(C) Billing Account Number (requ	ired, if contained in	n your FCDL):	2.4			
(D) Service Provider Name (require		ducational School	Services, Inc.			
(E) Service Provider SPIN (require	ed): 14302391					
10	HIGHNAENIT TO	EDNI ICEED AD	OVE			
(F) Service Start Date	Original Date (m	FRN LISTED AB	New Date (mm/dd/yyyy):			
Change Date	Original Date (ii	iii) dd yyyy).	New Date (Intibudyyyy).			
(G) Contract Expiration Date	Original Date (m	ım/dd/yyyy):	New Date (mm/dd/yyyy):			
Change Date	12/31/2005		12/31/2006			
(H) Cancel FRN Original Commitment Amount: New Commitment Amount:						
Please Cancel			\$0.00			
(I) Reduce FRN	Original Commit from FCDL:	ment Amount	New Commitment Amount AFTER Reduction:			
Please Reduce						

Billed Entity Name Highland Park. COMMUNITY JR. HIGH SCHOOL Billed Entity Number 54862	Contact Name Smerdis L Hughes, Jr. Contact Telephone Number 313/ 957-3000 x18
Block 3: Certification 7. I certify that I am authorized to submit this Form on behalf of the request, and that, to the best of my knowledge, information, and b 8. I understand that the discount level used for shared services is condisadvantaged schools and libraries that are treated as sharing in t services. 9. I recognize that I may be audited pursuant to this application and fill in this form.	pelief, all statements of fact contained herein are true, inditional, for future years, upon ensuring that the most the services receive an appropriate share of benefits from those
10. Signature (original, ink signature required)	11. Date (required) 3/30/2006
12. Primed name of authorized person (required) Smerdis L Hug	hes, Jr.
13. Title or position of authorized person (required) Assistant Su	perintendent of Fiscal Integrity
14. Telephone number of authorized person (required) 313-957	7-3000 xt 1029
15. E-Mail address of authorized person (required, if available) hug	ghess@hipark.k12.mi.us
16. Address of authorized person (required) 20 Bartlett, Highlar	nd Park, Michigan 48203

SLD-Form 500 P. O. Box 7026 Lawrence, Kansas 66044-7026

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SLD-Form 500 c/o Ms. Smith 3833 Greenway Drive Lawrence, Kansas 66046 888-203-8100 FCC Form

Do Not Write In This Area

REVISED 9/12/05 Approval by OMB

Universal Service for Schools and Libraries

Adjustment to Funding Commitment and Modification to Receipt of Service Confirmation Form

Please read instructions before completing.

Estimated Average Burden Hours Per Response: 1.5 hours (To be completed by Schools and Libraries or Consortia.)

Form 500 Number

(unique identifying number assigned by applicant)

1. Name of Billed Entity Applicant (required) HIGHLAND PARK H.S.			2. Billed E (require 54861	ntity Number d)	3. Funding Year (required) 2002	
 Complete Mailing Address of Billed Entity Street Address, P. O. Box or Route Number 15900 WOODWARD AVENUE 	Applicant (required) City HIGHLAND PAR	1997	tate MI	Zip Co		
10-Digit Phone Number 313/957-3000 X1029	Fax Telephone Number 313/868-0315		E-Mail Address HUGHESS@HIPARK.K12.MI.US			
5. Contact Person Information Contact Person Name (required) SMERDIS L. HUGHES, JR.						
Mailing Address (required if different from It Street Address, P. O. Box or Route Number 20 BARTLETT AVENUE	cm 4) City HIGHLAND PARK	State		Zip Code 48203	41	
10-Digit Phone Number	Fax Telephone Number	E-Mail Address				
313/957-3000 X1029	313/868-0315	HUGHESS@HIPARK.K12.MI.US			K12.MI.US	

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

NOTICE: The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the form will be used to inform the Schools and Libraries Division of the Universal Service Administrative Company that a billed entity, and/or the schools and libraries that it represents, wishes to reduce its funding commitment amount on the funding request number level, or has modified the beginning or ending date for services received during the funding year.

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Billed Entity Applicant's 500 Number (to be assigned by Fund Administrator)

Approval by OMB

3060-0853

Universal Service for Schools and Libraries

Adjustment to Funding Commitment and Modification to Receipt of Service Confirmation Form

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Form 500 Number (unique identifying number assigned by applicant)

Block 1: Applicant Information					
Name of Billed Entity Applicant (required)	HIGHLAND PARK COMMUNITY HIGH SCHOOL		2. Billed Entity Number (required) 54861		3. Funding Year (required) 2002
4. Complete Mailing Address of Billed Ent			·		
Street Address, P. O. Box or Route Number	City	St	tate	Zip Code	
20 Bartlett	Highland Park		Mi		
10-Digit Phone Number	Fax Telephone Number		E-Mail Address		
313/957-3000 x1029	313/ 868-0315	hughess@hipark.k12.mi.us			
5. Contact Person Information					
Contact Person Name (required) Smerdis	L Hughes, Jr.				
Mailing Address (required if different from	Item 4)				
Street Address, P. O. Box or Route Number	City	State		Zip Code	
10-Digit Phone Number	Fax Telephone Number		E-Mail Addr	ess	
313/ 957-3000 x1029	313/ 868-0315	hughess@hipark.k12.mi.us			

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Billed Entity Name Highland Park		ontact Name	Smerdis L Hughes, Jr.
	HIGH SCHOOL		
Billed Entity Number 54861	Co	ontact Lelephone	Number 313/ 957-3000 x1029
			g Request (FRN) affected. If you
	k 2, please number you	r pages 2A, 2B.	2C, etc. and write the number in the
space provided here: Page 2	1	: r (2)	DL L 5 Discour Funding Decourt
New Start Date: If you wing Form 486 in this fund Contract Expiration Date: more funding but you Cancel: If you wish to can FRN can NOT be reing Service fund for possil Reduce: If you wish to receive irrevocable and the FR the Universal Service for the Service for the Universal	cone of the following act this form must be for the ship to change the Funding ing year. This action will could combine it with a model a Funding Request Notated later. This action whole commitment to other addice the amount of your funding for possible commitments.	ions: The same Funding Year Service Star NOT result in mone ending date for reduction in funding fumber. Please no would allow money applicants. Funding commitmed later. This action ment to other applicants.	Year as listed in Item 3, Block 1. It Date you listed on a previously filed ore funding. It services. This action will not result in fig. Ite: This action is irrevocable and the you be put back into the Universal Internal for a particular FRN. This action is would allow money to be put back into
To launch the submission of invoices	for payment, please file I	Form 486.	
IDENTI	FICATION OF THE	FRN TO BE AI	DJUSTED
(A) Form 471 Application Number		(4)	
(B) Funding Request Number (rec		PODIA	
(C) Billing Account Number (requi(D) Service Provider Name (requi			
(E) Service Provider SPIN (requir		ational School S	ervices, Inc.
(D) bettied from the bring (regain	00). 21002072		
AI	JUSTMENT TO FRE	N LISTED ABO	VE:
(F) Service Start Date	Original Date (mm/c	id/yyyy):	New Date (mm/dd/yyyy):
Change Date			
(G) Contract Expiration Date	Original Date (mm/c	ld/yyyy):	New Date (mm/dd/yyyy):
✓ Change Date	12/31/2005		12/31/2006
(H) Cancel FRN	Original Commitmen	nt Amount:	New Commitment Amount:
☐ Please Cancel			\$0.00
(I) Reduce FRN	Original Commitment	nt Amount	New Commitment Amount AFTER Reduction:
Please Reduce			

	ac In Thro Atea
Billed Entity Name Highland Park COMMUNITY HIGH SCHOOL Billed Entity Number 54861	Contact Name Smerdis L Hughes, Jr. Contact Telephone Number 313/ 957-3000 x18
request, and that, to the best of my knowledge, information. 8. I understand that the discount level used for shared services disadvantaged schools and libraries that are treated as sharin services.	
10. Signature (briginal interignature required)	11. Date (required) 3/30/2006
12/ Printed name of authorized person (required)	Hughes, Jr.
13. Title or position of authorized person (required) Assistan	nt Superintendent of Fiscal Integrity
14. Telephone number of authorized person (required) 313	-957-3000 xt 1029
15. E-Mail address of authorized person (required, if available)	hughess@hipark.k12.mi.us
16. Address of authorized person (required) 20 Bartlett, Hig	ghland Park, Michigan 48203

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Form 500 Number (unique identifying number assigned by applicant)

Block 1: Applicant Information I, Name of Billed Entity Applicant (required) 2. Billed Entity Number 3. Funding Year (required) 54861 (required) HIGHLAND PARK SCHOOLS 2002 4. Complete Mailing Address of Billed Entity Applicant (required) Street Address, P. O. Box or Route Number City State Zip Code 20 BARTLETT HIGHLAND PARK MI 48203 10-Digit Phone Number Fax Telephone Number E-Mail Address 313/ 957-3000 X1029 313/ 868-0315 HUGHESS@HIPARK.K12.MI.US Contact Person Information Contact Person Name (required) SMERDIS L. HUGHES, JR. Mailing Address (required if different from Item 4) Street Address, P. O. Box or Route Number City State Zip Code 10-Digit Phone Number Fax Telephone Number E-Mail Address 313/ 957-3000 X1029 313/ 868-0315 HUGHESS@HIPARK.K12.MI.US

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Billed Entity App	licant's 500 Numbe	r (to be assigned	by Fund	Administrator)
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Billed Entity Name HIGHLAND F	PARK H. S. Contact Name	SMERDIS L. HUGHES, JR.
Direct Limit, Transc Library		
Billed Entity Number54861	Contact Telepho	ne Number 313/ 957-3000 X1029
		ing Request (FRN) affected. If you
	k 2. please number your pages 2A, 2l	B. 2C, etc. and write the number in the
space provided here: Page 2		51 D1 1 5 D2
[FRN] for which you want to take Remember: The FRNs listed or New Start Date: If you wi Form 486 in this fund Contract Expiration Date: more funding but you Cancel: If you wish to ca FRN can NOT be rein: Service fund for possil Reduce: If you wish to rec irrevocable and the FR the Universal Service for The information required can be found Request (FRN) being affected.	cone of the following actions; In this form must be for the same Fundish to change the Funding Year Service Sing year. This action will NOT result in: If you wish to change the ending date I could combine it with a reduction in funncel a Funding Request Number. Please stated later. This action would allow mobile commitment to other applicants. duce the amount of your funding commit N can NOT be increased later. This actifund for possible commitment to other applicants of the increased later. This actifund for possible commitment to other applicants of the increased later. This actifund for possible commitment to other applicants.	tart Date you listed on a previously filed more funding. For services. This action will not result in ding. note: This action is irrevocable and the ney to be put back into the Universal ment for a particular FRN. This action is on would allow money to be put back into
To launch the submission of invoices		A D H ICTED
(A) Form 471 Application Number	FICATION OF THE FRN TO BE (required): 324177	ADJUSTED
(B) Funding Request Number (red		
The state of the s	uired, if contained in your FCDL):	
(D) Service Provider Name (requi		SCHOOL SERVICES, INC.
(E) Service Provider SPIN (require	ed): 14302391	
AT	JUSTMENT TO FRN LISTED A	ROVE:
(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
Change Date		
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
X Change Date	9-30-05	12-31-05
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:
Please Cancel		\$0.00
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
Please Reduce		

	riste In This Atea
illed Entity Name HIGHLAND PARK H.S.	Contact Name SMERDIS L. HUGHES, JR.
illed Entity Number54861	Contact Telephone Number 313/957-3000 EXT, 1029
services.	on and will retain for five years any and all records that I rely upon to 11. Date (required)
2. Printed name of authorized person (required) SMERDIS L. HUGHES, JR.	8/15/05
3. Title or position of authorized person (required)	
ASST. SUPERINTENDENT, FISCAL INTEGRI	TY

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Page 3 of 3

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